

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
CORPUS CHRISTI DIVISION

ERIC DEMOND LOZANO,
TDCJ #1915276
Plaintiff,

v.

BRYAN COLLIER, ET AL.,
Defendants.

§
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§
§
§
§
§
§

CIVIL ACTION No. 3:18-CV-00237

DEFENDANTS MOTION FOR SUMMARY JUDGMENT

Exhibit D

AFFIDAVIT

THE STATE OF TEXAS §

COUNTY OF Brazoria §

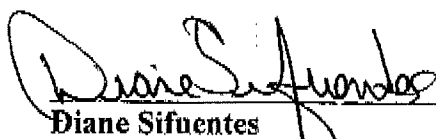
BEFORE ME, the undersigned authority, on this day personally appeared Diane Sifuentes, who, being by me duly sworn, deposed as follows:

My name is Diane Sifuentes and I am an employee of the Texas Department of Criminal Justice (TDCJ), a governmental agency. I am over 21 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

I am the custodian of records for the Classification Department, a part of the TDCJ located in Rosharon, Texas. Attached are true and correct copies of *UCC Classification Committee History Form, housing assignment and Health summary for classification*, which are kept by the TDCJ in the regular course of its business activity. The entries of such records were made as a regularly conducted activity and a regular practice of the TDCJ, and were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters.

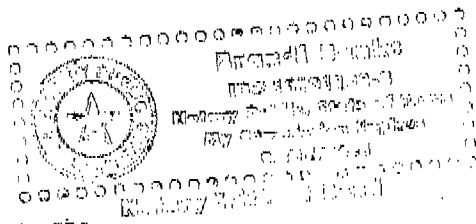
I declare under penalty of perjury that the foregoing is true and correct.

"Further Affiant sayeth not."


Diane Sifuentes
Chief of Unit Classification
Classification/Stringfellow Unit/
Texas Department of Criminal Justice

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned notary public, on the 1st day of 10 Month 2019 Year.


NOTARY PUBLIC, STATE OF TEXAS



Notary's Printed Name
Brandi Banics

My Commission Expires:
11/14/2021

CSIUCR01/UC01 XXX UNIT CLASSIFICATION REVIEW DATE OF REVIEW: 06 05 19
INMTCICS/SD00003 CUSTODY ASSIGNMENT WORKSHEET CST/REVIEW CDE: G2 / /
2093/UC01 SUBSEQ REVIEW DTE/CDE: /
INMATE NAME: LOZANO, ERIC D RACE/SEX: B/M HSG AT REVIEW: R2 A 6 005 G2
TDCNO: 01915276 STAT: S3 W 1 X-CRP

INIT CLASSIFICATION DISCP HISTORY: 3MTH/6MTH/1YR/2YR/3YD* ADDT'L INFORMATION *

*VIOLENT CRIME	* LVL 1 OR 2 . . 00	00	00	02	04	*DETAINER.	N	*
* AGAINST PERSON Y *	STAFF ASLTS . 00	00	00	00	00	*HOMOSEXUAL.	N	*
*****	INMATE ASLTS. 00	00	00	00	00	*SEX ASLT VICTIM .	N	*
PREV 2-YR ASLT HIST	ASLTS W/WP-SM 00	00	00	00	00	*POTENTIAL VICTIM. N	*	*
*****	INCIDENTS: MA 00	00	00	00	01	*MED/PSY/INT PROBS		*
*	STAFF/INM*	MM 00	00	00	00	*PAROLE CALC CODE. F		*
* TDC	N	N						
* JAIL.	N	N						
* HOSPITAL. . .	N	N						
* JUVENILE. . .	N	N						
* OTH PRISONS N	N	*						
ASLT HIST (MAJORS ONLY): 1-YR: N								
2-YR: N								
RECOMMENDATIONS: GP LEVEL 2 / DORM								

CSIUCR15/UC15 TDC UNIT CLASSIFICATION REVIEW PAGE 1 OF 2
 INMTCICS/SD00003 HOUSING/JOB ASSIGNMENT HISTORY CURRENT DATE: 06/05/19
 2093/UC15 INMATE NAME: LOZANO, ERIC D AND TIME: 16:35:34
 TDCNO: 01915276

HOUSING | --HOUSING-- | INM/HSG | JOB ASGN | -----JOB----- |
 DATE UNIT | --ASGNMNT-- | CUST AUTH | DATE | -----ASSIGNMENT----- | AUTH
 | -----HOUSING COMMENT----- | | -----JOB COMMENT----- |

11/19/18 R2 A 6 005 B G2 G2 DSV 10/22/18 JANITOR A6 3RD KD
 05/29/18 R2 A 6 005 G2 G2 PG KD VS
 PG.DR 10/16/18 KITCHEN HELPER 3RD MS
 03/15/18 R2 C14-1 17 T G2 GA DSD MS.DR
 03/08/18 R2 C14-1 12 B G2 GA DSD 10/11/18 KITCHEN (TEMP) 72 HR DSV
 DSD.DR HS18 VS
 02/27/18 R2 C13-1TR 12 B G2 TR KD 09/28/18 UNASGN MEDICAL DSV
 02/24/18 R2 A 7 019 G2 G2 UCC HS18 RESTR VS
 UCC.DR 07/18/18 KITCHEN HELPER 3RD SM
 02/24/18 BA UNASGN G2 GB SM SD
 09/21/17 BA J 006 T G2 GB UCC 07/11/18 KITCHEN (TEMP) 72 HR KD
 08/30/17 P1 B 7 040 G2 G2 BT HS18 KD VS
 08/10/17 R2 A 6 020 G2 G2 CHN 03/13/18 FIELD SQ 04 DM
 MED RELEASE HG VS DM,DR
 08/10/17 R2 UNASGN G2 G2 03/08/18 FIELD (TEMP) DSD
 05/09/17 R2 A 6 020 G2 G2 DSV 02/27/18 UNASGN MEDICAL ISOLATION KD
 VS MEDICL ISOLATION
 01/24/17 R2 C13-2 22 T G2 G2 UCC 02/24/18 FIELD (TEMP) UCC
 UCC VS 10/10/17 LANDSCAPE GARDENER BM
 01/24/17 HV UNASGN G2 TR 08/30/17 EVACUEE FROM R2 BT
 01/23/17 HV O-1 16 T G2 TR CK 08/10/17 FIELD SQ 04 CHN
 01/23/17 E UNASGN G2 G2 MED RELEASE HG VS
 12/19/16 E H-19-1 10 G2 G2 NC 06/08/17 FIELD SQ 04 DM
 NC/ST PUSH MOVE DM,DR
 12/28/15 E C-8-2 21 T G2 G2 DR 06/07/17 FIELD (TEMP) MS
 DR/ABL CELLIE CONFLICT 03/06/17 KITCHEN HELPER 1ST MS
 12/28/15 E UNASGN G2 G2 MS DR
 12/01/15 E C-8-2 18 T G2 G2 EN 01/27/17 KITCHEN HELPER 2ND SM
 EN/JM MS VS
 12/01/15 E UNASGN G2 G2 01/24/17 KITCHEN (TEMP) 72 HR UCC
 03/27/15 E H-20-2 08 G2 G2 UCC KITCHEN TEMP VS
 UCC/CL/JM 01/23/17 TRANSIENT ENROUTE (OVERN CK
 03/27/15 DU UNASGN G2 TR 11/17/16 AUTO AC MECHANIC B/R JS
 03/23/15 DU A2 17 T G2 TR AND JS/TR
 03/23/15 NE UNASGN G2 G2 11/04/16 BUS REPAIR (TEMP) 72 HR UCC
 02/10/15 NE E4 037 B G2 G2 PAM UCC/RJ/ST
 MP 04/11/16 WSS HVAC TECH VOC NC
 04/24/14 NE C1 037 B G2 G2 MRB NC/SC
 MP 12/28/15 FIELD SQUAD 15 JG
 04/22/14 NE C4 036 T G2 G2 UCC JG/ABL
 MP 12/03/15 FIELD SQUAD 15 JG
 04/02/14 NE C4 036 T NR G2 PAM JG/JM
 MP 12/01/15 FIELD SQUAD 16 EN
 EN/JM
 11/23/15 BUS REPAIR (TEMP) 72 HR UCC
 UCC/TMP/BD
 08/14/15 KITCHEN HELPER 3RD TG

CSTUCR15/UC15 TDC UNIT CLASSIFICATION REVIEW PAGE 2 OF 2
 INMTCICS/SD00003 HOUSING/JOB ASSIGNMENT HISTORY CURRENT DATE: 06/05/19
 2093/UC15 INMATE NAME: LOZANO, ERIC D AND TIME: 16:35:34
 TDCNO: 01915276

HOUSING	DATE	UNIT	INM/HSG	CUST	AUTH	JOB ASGN	DATE	ASSIGNMENT	AUTH
HOUSING COMMENT			JOB COMMENT						

TG/BD
 08/13/15 KITCHEN (TEMP) 1ST 72 HR CL
 CL/JM
 04/01/15 AUTO ELECTRICIAN B/R JS
 JS/BD
 03/27/15 BUS REPAIR (TEMP) 72 HR UCC
 UCC/CL/JM
 03/23/15 TRANSIENT PEND DIAG PROC AND
 02/10/15 FIELD SQUAD 08 PAM
 10/13/14 FIELD SQUAD 09 GM
 04/22/14 FIELD SQUAD 20 UCC
 04/02/14 UNASGN PROCESSING PAM

CSUCR09/CSUC09 DISCIPLINARY RECORDS DATE: 06/05/19 SENTENCE : 0015 00 00
 INMTCICS/SD00003 TIME: 16:35:34 FLAT TIME: 0007 01 30
 TDC NO: 01915276 NAME: LOZANO, ERIC D GOOD TIME: 0005 11 29
 RACE: B SEX: M STATUS: S3 CUSTODY: G2 WORK TIME: 0003 06 28
 EA SCORE: 8.2 PRIMARY LANGUAGE: ENGLISH BONUS TIME: 0000 00 00
 IQ: 94 CF SCORE: DDP CODE: PRIOR DISC: TOTAL TIME: 0016 08 24
 TOTAL TIME LOST: 00000 DAYS
 OFF HEAR REPORT OFF *****PENALTY(S)*****
 DATE DATE NUMBER CODE DESCRIPTORS LVL REP/SOL/CLASS/TIME/XD/CR/RP/CV

012018	012318	20180132054	24.0	2	MI	G				030
102517	110617	20180056226	42.0	3	MI	G				030
061217	062617	20170315569	24.0	2	MI	G	X			
040717	041217	20170237049	24.0	2	MI	G				015
081816	082216	20160383806	18.1	2	MA	G		S3-S4		045
020716	021216	20160166431	27.0	2	MI	G				015 X
112114	112514	20150091571	37.0	2	MA	C		S3-S4		030 X
083014	090414	20150002461	27.0	2	MI	G				030
071514	071714	20140329603	16.0	2	MI	G				015 X
062814	070114	20140313260	16.0	2	MI	G				010
			35.0	3	MI	G				

CSIUCR07 /UC07 TEXAS DEPARTMENT OF CRIMINAL JUSTICE PAGE 1 OF 1
SD00003 / 2093 UNIT CLASSIFICATION REVIEW (UCR) 2019-06-05
16:35:34

OFFENDER NAME: LOZANO,ERIC D TDCJ #: 01915276 SID #:05109992

NUMBER OF ACTIVE DETAINERS: 00 WARRANTS: 00 UNIT R2

CODE ADJ DATE ADJUSTMENT RECORD DETAILS

EVAC 08-27-2017 R2 P1
BEARD 08-05-2015 APPROVED FOR RELIGIOUS BEARD ON 08/05/2015
DRUGS 04-11-2014 ADMITTED DRUG USER
VR 04-01-2014 CONTACT VISIT RESTRICTION - CHILDREN UNDER 17
CRP 02-09-2011 CRIPS
:CONFIRMED X

UNIT CLASSIFICATION COMMITTEE HISTORY FORM
(Subsequent Hearings)

OFFENDER NAME: Lozano, Eric TDCJ #: 1915276
Last First Middle I

Date of Review	TDCJ Unit	Purpose of Review Code	Computer Recommended Custody	Committee Assigned Custody	Security Precaution Designator	Cell Assignment Code	Staff Initials
11-23-15	E	06	G2	G2	1		1 JMD 2 JMD 3 JMD

Comments: Class review Promote to S3 Bus Repair
Override: _____
Justification: _____

Date of Review	TDCJ Unit	Purpose of Review Code	Computer Recommended Custody	Committee Assigned Custody	Security Precaution Designator	Cell Assignment Code	Staff Initials
8/23/16	E	11	G2	G2	—	—	1 JMD 2 JMD 3 JMD

Comments: Discp 20160383806(18.1)
Override: _____
Justification: _____

Date of Review	TDCJ Unit	Purpose of Review Code	Computer Recommended Custody	Committee Assigned Custody	Security Precaution Designator	Cell Assignment Code	Staff Initials
11/4/16	E	26	G2	G2	—	—	1 JMD 2 JMD 3 JMD 4 JMD

Comments: HVAC completion - Bus house
Override: _____
Justification: _____

Date of Review	TDCJ Unit	Purpose of Review Code	Computer Recommended Custody	Committee Assigned Custody	Security Precaution Designator	Cell Assignment Code	Staff Initials

Comments: _____
Override: _____
Justification: _____

TEXAS DEPARTMENT OF CRIMINAL JUSTICE UNIT CLASSIFICATION COMMITTEE HISTORY FORM

OFFENDER NAME:

Lozano, Eric D.
Last First Middle I

TDCJ #:

1915276

A. Classification Review Codes

- 01 Assignment to Unit
- 02 Safekeeping Status Review
- 05 Other UCC/ASC/SMC Decisions
- 06 UCC Consideration for Promotion in Class/Custody
- 09 Death Row Review
- 10 Death Row Custody Change
- 11 No Committee Action
- 11 Disciplinary Report
- 14 Semi-Annual Review for Special Populations
- 17 Classification Review
- 17 No Committee Action
- 20 Initial Admin. Seg. Hearing
- 21 Admin. Seg. 30-day
- 22 Admin. Seg. 60-day Review
- 25 Other State Classification Committee
- 26 Major Program Review/Changes
- 28 Admin. Seg. Restriction
- 29 Admin. Seg. 180-day Review
- 31 90-day Progress Report (State Jail)
- 34 Protection Status Review
- 35 Annual Review
- 36 Initial ITP Review
- 38 FI-R Review
- 39 Security Precaution Designator Review
- 40 Annual STG Review by SCC
- 44 Subsequent OPI Review
- 46 Subsequent ITP Review
- 50 Cell Assignment Status

C. Custody Codes

- OT General Population Level I (Assigned to Trusty Camp)
- G1 General Population Level I
- G2 General Population Level II
- G3 General Population Level III
- G4 General Population Level IV
- G5 General Population Level V
- P1 Safekeeping Level I
- P2 Safekeeping Level II
- P3 Safekeeping Level III
- P4 Safekeeping Level IV
- P5 Safekeeping Level V
- J1 State Jail Level 1
- J2 State Jail Level 2
- J4 State Jail Level 4
- J5 State Jail Level 5
- PJ Safekeeping (State Jail)
- SR Special Management (State Jail)
- 1A Security Detention Level I
- 2A Security Detention Level II
- 3A Security Detention Level III
- 4A Protective Custody Level I
- 5A Protective Custody Level II
- 6A Protective Custody Level III
- MD Inpatient Paraplegic
- MH Mental Health Status
- II Developmental Disabilities Program
- D1 Death Row Level I
- D2 Death Row Level II
- D3 Death Row Level III
- DW Death Row Work Capable
- SA Special Alternatives to Incarceration Program
- IT In-Prison Therapeutic Community
- FT Substance Abuse Felony Punishment Facility
- PR Pre-Release Therapeutic Community
- CG Grad Program Offender
- DP DWI Program
- YO Youthful Offender Program
- BB Mother and Baby Bonding Program

B. Standard Overrides

- 30 SCC Promotion to G1 - OT

Date of Review	TDCJ Unit	Classification Review Code	Computer Recommended Custody	Committee Assigned Custody	Security Precaution Designator	Cell Assignment Code	Staff Initials
12/17	R2	01/46	G2	G2	-	-	1A
Comments:	R2 ASAN (SCC Recm) Rec G2 custody 2PS						
Override:	Assign Kitchen Temp 30						
Justification:	4/1/16						
Is DNA testing required? (circle one): <input checked="" type="radio"/> Yes <input type="radio"/> No If already tested, what date? 04.28.04.							

UNIT CLASSIFICATION COMMITTEE HISTORICAL FORM
(Subsequent Hearings)

OFFENDER NAME: Lozano, Eric TDCJ #: 1915276
Last First Middle I

Date of Review	TDCJ Unit	Purpose of Review Code	Computer Recommended Custody	Committee Assigned Custody	Security Precaution Designator	Cell Assignment Code	Staff Initials
8.21.17	R2	OU	G2	G2	—	—	18

Comments: LeV S3 consideration Prison + S3 class 2/1
Override: 3 (2)
Justification: _____

Date of Review	TDCJ Unit	Purpose of Review Code	Computer Recommended Custody	Committee Assigned Custody	Security Precaution Designator	Cell Assignment Code	Staff Initials

Comments: _____
Override: _____
Justification: _____

Date of Review	TDCJ Unit	Purpose of Review Code	Computer Recommended Custody	Committee Assigned Custody	Security Precaution Designator	Cell Assignment Code	Staff Initials

Comments: _____
Override: _____
Justification: _____

Date of Review	TDCJ Unit	Purpose of Review Code	Computer Recommended Custody	Committee Assigned Custody	Security Precaution Designator	Cell Assignment Code	Staff Initials

Comments: _____
Override: _____
Justification: _____

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
 UNIT CLASSIFICATION COMMITTEE HISTORY FORM

OFFENDER NAME: Lozano, Eric
 Last First Middle I

TDCJ #: 915276

Classification Review Codes

- 01 Assignment to Unit
- 02 Safekeeping Status Review
- 05 Other UCC/ASC/SMC Decisions
- 06 UCC Consideration for Promotion in Class/Custody
- 07 Admin Seg. 7-day Review
- 09 Death Row Review
- 10 Death Row Custody Change
- No Committee Action
- 11 Disciplinary Report
- 14 Semi-Annual Review for Special Population
- 17 Classification Review
- No Committee Action
- 20 Initial Admin. Seg. Hearing
- 21 Admin. Seg. 30-day Review
- 22 Admin. Seg. 60-day Review
- 25 Other State Classification Committee
- 26 Major Program Review/Changes
- 28 Admin. Seg. Restriction
- 29 Admin. Seg. 180-day Review
- 31 90-day Progress Report (State Jail)
- 34 Protection Status Review
- 35 Annual Review
- 36 Initial ITP Review
- 38 FI-R Review
- 39 Security Precaution Designator Review
- 40 Semi-Annual STG Review by SCC
- 44 Subsequent OPI Review
- 46 Subsequent ITP Review
- 50 Cell Assignment Status
- 56 G3 custody review
- 58 Admin Seg Level Review
- 60 Initial Protective Safekeeping Hearing
- 61 30-day Protective Safekeeping Review
- 62 60-day Protective Safekeeping Review
- 65 Other/P6 Review
- 67 7-day Protective Safekeeping Hearing
- 69 180-day Protective Safekeeping Review

Custody Codes

- General Population
- OT - Level I housed in Outside Trusty Camp
- G1 - Level I G2 - Level II
- G3 - Level III G4 - Level IV G5 - Level V
- Safekeeping Population
- P2 - Level II P3 - Level III
- P4 - Level IV P5 - Level V
- Protective Safekeeping
- P6 - Level VI P7 - Level VII
- State Jail
- J1 - Level I J2 - Level II PJ - JC Safekeeping
- J4 - Level IV J5 - Level V SR - JC Ad Seg
- Security Detention
- 1A - Level I 2A - Level II 3A - Level III
- Death Row
- D1 - Level I D2 - Level II
- D3 - Level III DW - Death Row Work Capable
- AT Admin. Seg. Transition Program
- BB Mother and Baby Bonding Program
- CG Grad Program Offender
- CP Female Cognitive Pre-Release
- DP DWI Program
- FT Substance Abuse Felony Punishment Facility
- II Intellectually Impaired
- IP ISF Probation
- IS ISF Parole
- IT In-Prison Therapeutic Community
- MD Inpatient Paraplegic
- MH Mental Health Status
- PR Pre-Release Therapeutic Community
- PS Pre Release Substance Abuse Program
- RP Corrective Intervention Pre-Release Program
- SD Admin. Seg. Diversion Program
- VI Serious Violent Offender Re-entry Initiative
- YO Youthful Offender Program

Date of Review	TDCJ Unit	Classification Review Code	Computer Recommended Custody	Committee Assigned Custody	Security Precaution Designator	Cell Assignment Code	Staff Initials
9/25/17	BA	01/46	G2	G2	0	-	1 DN 2 DA 3 me

Comments: landscape

Override: _____

Justification: _____

Has DNA testing been completed? (circle one): Yes No If yes, what date? 4/28/04
 Has Incoming Offender Heat, Cold, Safe Prisons/PREA & Suicide Prevention Flyer been provided to the offender? Yes No

TEXAS DEPARTMENT OF CRIMINAL JUSTICE UNIT CLASSIFICATION COMMITTEE HISTORY FORM

OFFENDER NAME: LOZANO, ERIC
Last First Middle I

TDCJ #: 1915276

Classification Review Codes

- 01 Assignment to Unit
- 02 Safekeeping Status Review
- 05 Other UCC/ASC/SMC Decisions
- 06 UCC Consideration for Promotion in Class/Custody
- 07 Admin Seg. 7-day Review
- 09 Death Row Review
- 10 Death Row Custody Change
- No Committee Action
- 11 Disciplinary Report
- 14 Semi-Annual Review for Special Population
- 17 Classification Review
- No Committee Action
- 20 Initial Admin. Seg. Hearing
- 21 Admin. Seg. 30-day Review
- 22 Admin. Seg. 60-day Review
- 25 Other State Classification Committee
- 26 Major Program Review/Changes
- 28 Admin. Seg. Restriction
- 29 Admin. Seg. 180-day Review
- 31 90-day Progress Report (State Jail)
- 34 Protection Status Review
- 35 Annual Review
- 36 Initial ITP Review
- 38 FI-R Review
- 39 Security Precaution Designator Review
- 40 Semi-Annual STG Review by SCC
- 44 Subsequent OPI Review
- 46 Subsequent ITP Review
- 50 Cell Assignment Status
- 56 G3 custody review
- 58 Admin Seg Level Review
- 60 Initial Protective Safekeeping Hearing
- 61 30-day Protective Safekeeping Review
- 62 60-day Protective Safekeeping Review
- 65 Other/P6 Review
- 67 7-day Protective Safekeeping Hearing
- 69 180-day Protective Safekeeping Review

Custody Codes

General Population

- OT - Level I housed in Outside Trusty Camp
- G1 - Level I G2 - Level II
- G3 - Level III G4 - Level IV G5 - Level V

Safekeeping Population

- P2 - Level II P3 - Level III
- P4 - Level IV P5 - Level V

Protective Safekeeping

- P6 - Level VI P7 - Level VII

State Jail

- J1 - Level I J2 - Level II PJ - JC Safekeeping
- J4 - Level IV J5 - Level V SR - JC Ad Seg

Security Detention

- 1A - Level I 2A - Level II 3A - Level III

Death Row

- D1 - Level I D2 - Level II
- D3 - Level III DW - Death Row Work Capable

- AT Admin. Seg. Transition Program
- BB Mother and Baby Bonding Program
- CG Grad Program Offender
- CP Female Cognitive Pre-Release
- DP DWI Program
- FT Substance Abuse Felony Punishment Facility
- II Intellectually Impaired
- IP ISF Probation
- IS ISF Parole
- IT In-Prison Therapeutic Community
- MD Inpatient Paraplegic
- MH Mental Health Status
- PR Pre-Release Therapeutic Community
- PS Pre Release Substance Abuse Program
- RP Corrective Intervention Pre-Release Program
- SD Admin. Seg. Diversion Program
- VI Serious Violent Offender Re-entry Initiative
- YO Youthful Offender Program

Date of Review	TDCJ Unit	Classification Review Code	Computer Recommended Custody	Committee Assigned Custody	Security Precaution Designator	Cell Assignment Code	Staff Initials
02-24-18	B2	01-46	G2	G2			R

Comments: B2 Admin (Require Work Service) Front Temp. 2

Override: 3

Justification: _____

Has DNA testing been completed? (circle one): Yes No If yes, what date? 04-28-04

Has Incoming Offender Heat, Cold, Safe Prisons/PREA & Suicide Prevention Flyer been provided to the offender? Yes No

Refer ITP

SV00002 /11A4/HS16

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SUMMARY FOR CLASSIFICATION07:30:55
01/24/2017NAME: LOZANO, ERIC D
TDCJ#: 01915276 SID#: 05109992
UNIT: R2 HOUSING:
JOB:DOR: [REDACTED] P U L H E S
WGT: 171 LBS
HGT: 5'11"
2	1	1	1	1	1
B	A	A	A	A	A
P					

I. FACILITY ASSIGNMENT (CHECK ONE)

- X A. NO RESTRICTION
 ___ B. BARRIER-FREE FACILITY
 ___ C. SINGLE LEVEL FACILITY
 ___ D. SUITABLE FOR TRUSTEE CAMP? X YES ___ NO

II. HOUSING ASSIGNMENT

A. BASIC HOUSING (CHECK ONE)

- X 1. NO RESTRICTION
 ___ 2. SINGLE CELL ONLY
 ___ 3. SPECIAL HOUSING (HOUSING WITH
 LIKE MEDICAL CONDITION
 ___ 4. CELL BLOCK ONLY

B. BUNK ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION
 ___ 2. LOWER ONLY

C. ROW ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION
 ___ 2. GROUND FLOOR ONLY

5. M EXT HRS

6. EXTENDED HOURS INSULIN

D. WHEELCHAIR USE (CHECK ONE)

- ___ 1. NO RESTRICTION
 ___ 2. PHOP ORDERED
 ___ 3. UTILITY USE

III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ___ 1. MEDICALLY UNASSIGNED
 ___ 2. PSYCHIATRICAL UNASSIGNED
 ___ 3. SEDENTARY WORK ONLY
 ___ 4. FOUR HOUR WORK RESTRICTION
 ___ 6. EXCUSE FROM SCHOOL
 ___ 7. LIMITED STANDING
 ___ 8. NO WALKING > ___ YARDS
 ___ 9. NO LIFTING > ___ LBS.
 ___ 10. NO BENDING AT WAIST
 ___ 11. NO REPETITIVE SQUATTING
 ___ 12. NO CLIMBING
 ___ 13. LIMITED SITTING
 ___ 14. NO REACHING OVER SHOULDER
 ___ 15. NO FOOD SERVICE
 ___ 16. NO REPETITIVE USE OF HANDS
 ___ 17. NO WALK WET/UNEVEN SURFACES
 ___ 18. DO NOT ASSIGN TO MEDICAL
 ___ 19. NO WORK IN DIRECT SUNLIGHT
 ___ 20. NO TEMPERATURE EXTREMES
 ___ 21. NO HUMIDITY EXTREMES
 ___ 22. NO EXPOSURE TO ENVIRONMENT POLLUTANTS
 ___ 23. NO WORK WITH CHEMICALS OR IRRITANTS
 ___ 24. NO WORK REQUIRING SAFETY BOOTS
 ___ 25. NO WORK AROUND MACHINE WITH MOVING PART
 ___ 26. NO WORK EXPOSURE TO LOUD NOISES

IV. DISCIPLINARY PROCESS (CHECK ONE)

- X A. NO RESTRICTIONS
 ___ B. CONSULT REP OF MENTAL HEALTH DEPT BEFORE TAKING DISCIPLINARY ACTION
 ___ C. CONSULT REP OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- X A. NO RESTRICTION
 ___ B. MEDICAL REPRESENTATIVE REQUIRED
 ___ C. MENTAL HEALTH REPRESENTATIVE REQUIRED

VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- X A. NO RESTRICTION
 ___ B. EMS AMBULANCE
 ___ C. WHEELCHAIR VAN
 ___ D. MULTI-PATIENT VEHICLE (MPV)
 ___ E. VAN

TERRY ADAMS PA-C 04/08/2014
PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER

K. Jolley, PhD
01-24-17

SV000002 /1TA4/HS16

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SUMMARY FOR CLASSIFICATION13:28:10
08/04/2017NAME: LOZANO, ERIC D
TDCJ#: 01915276 SID#: 05109992
UNIT: R2 HOUSING: A 6-020
JOB: FIELD SQ 04DOB: [REDACTED]
WGT: 192 LBS
HGT: 5'11"P U L H E S

2	1	1	1	1	2
B	A	A	A	A	B
P					R

I. FACILITY ASSIGNMENT (CHECK ONE)

- X A. NO RESTRICTION
 B. SINGLE LEVEL FACILITY
 C. SUITABLE FOR TRUSTEE CAMP? X YES NO

II. HOUSING ASSIGNMENT

A. BASIC HOUSING (CHECK ONE)

- X 1. NO RESTRICTION
 2. SINGLE CELL ONLY
 3. SPECIAL HOUSING (HOUSING WITH
 LIKE MEDICAL CONDITION
 4. CELL BLOCK ONLY

C. ROW ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION
 2. GROUND FLOOR ONLY

B. BUNK ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION
 2. LOWER ONLY

5. M EXT HRS
 6. EXTENDED HOURS INSULIN
 D. WHEELCHAIR USE (CHECK ONE)
 1. NO RESTRICTION 4. PERM MED
 2. ADS ORDERED 5. TEMP MED
 3. UTILITY USE

III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

1. MEDICALLY UNASSIGNED
 2. PSYCHIATRICALY UNASGN
 3. SEDENTARY WORK ONLY
 4. FOUR HR WORK RESTRICTION
 6. EXCUSE FROM SCHOOL
 7. LIMITED STANDING
 8. NO WALKING > YARDS
 9. NO LIFTING > LBS.
 10. NO BENDING AT WAIST
 11. NO REPETITIVE SQUATTING
 12. NO CLIMBING
 13. LIMITED SITTING
 14. NO REACHING OVER SHOULDER
 15. NO FOOD SERVICE
 16. NO REPETITIVE USE OF HANDS
 17. NO WALK WET/UNEVEN SURFACES
 18. DO NOT ASSIGN TO MEDICAL
 19. NO WORK IN DIRECT SUNLIGHT
 20. NO TEMPERATURE EXTREMES
 21. NO HUMIDITY EXTREMES
 22. NO EXPOSURE TO ENVIRONMENT POLLUTANTS
 23. NO WORK WITH CHEMICALS OR IRRITANTS
 24. NO WORK REQUIRING SAFETY BOOTS
 25. NO WORK AROUND MACHINE WITH MOVING PART
 26. NO WORK EXPOSURE TO LOUD NOISES

IV. DISCIPLINARY PROCESS (CHECK ONE)

- X A. NO RESTRICTIONS
 B. CONSULT REP OF MENTAL HEALTH DEPT BEFORE TAKING DISCIPLINARY ACTION
 C. CONSULT REP OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- X A. NO RESTRICTION C. MENTAL HEALTH REPRESENTATIVE REQUIRED
 B. MEDICAL REPRESENTATIVE REQUIRED

VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- X A. NO RESTRICTION C. WHEELCHAIR VAN E. VAN
 B. EMS AMBULANCE D. MULTI-PATIENT VEHICLE (MPV)

UTMBFTP UTMBFTP 08/04/2017
PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER

Reviewed.
 8-04-17.
 Home + Job Okay.
 X. Sefah. AAT
 W. Sefah.

SAN3832 /9227/HS16

TELE. DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SUMMARY FOR CLASSIFICATION06:52:37
11/02/2017NAME: LOZANO, ERIC D
TDCJ#: 01915276 SID#: 05109992
UNIT: BA HOUSING: J-006T
JOB: LANDSCAPE GARDENERDOB: [REDACTED]
WGT: 186 LBS
HGT: 5' 11"

P U L H E S

12111111121
181A1A1A1A181
1P111111111

I. FACILITY ASSIGNMENT (CHECK ONE)

- X A. NO RESTRICTION
 ___ B. SINGLE LEVEL FACILITY
 ___ C. SUITABLE FOR TRUSTEE CAMP? X YES ___ NO

II. HOUSING ASSIGNMENT

A. BASIC HOUSING (CHECK ONE)

- X 1. NO RESTRICTION
 ___ 2. SINGLE CELL ONLY
 ___ 3. SPECIAL HOUSING (HOUSING WITH
 LIKE MEDICAL CONDITION)
 ___ 4. CELL BLOCK ONLY

C. ROW ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION
 ___ 2. GROUND FLOOR ONLY

B. BUNK ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION
 ___ 2. LOWER ONLY

- ___ 5. M EXT HRS
 ___ 6. EXTENDED HOURS INSULIN

D. WHEELCHAIR USE (CHECK ONE)

- ___ 1. NO RESTRICTION ___ 4. PERM MED
 ___ 2. ADS ORDERED ___ 5. TEMP MED
 ___ 3. UTILITY USE

III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ___ 1. MEDICALLY UNASSIGNED
 ___ 2. PSYCHIATRICALY UNASGN
 ___ 3. SEDENTARY WORK ONLY
 ___ 4. FOUR HR WORK RESTRICTION
 ___ 6. EXCUSE FROM SCHOOL
 ___ 7. LIMITED STANDING
 ___ 8. NO WALKING) ___ YARDS
 ___ 9. NO LIFTING) ___ LBS.
 ___ 10. NO BENDING AT WAIST
 ___ 11. NO REPETITIVE SQUATTING
 ___ 12. NO CLIMBING
 ___ 13. LIMITED SITTING
 ___ 14. NO REACHING OVER SHOULDER
 ___ 15. NO FOOD SERVICE
 ___ 16. NO REPETITIVE USE OF HANDS
 ___ 17. NO WALK WET/UNEVEN SURFACES
 ___ 18. DO NOT ASSIGN TO MEDICAL
 ___ 19. NO WORK IN DIRECT SUNLIGHT
 ___ 20. NO TEMPERATURE EXTREMES
 ___ 21. NO HUMIDITY EXTREMES
 ___ 22. NO EXPOSURE TO ENVIRONMENT POLLUTANTS
 ___ 23. NO WORK WITH CHEMICALS OR IRRITANTS
 ___ 24. NO WORK REQUIRING SAFETY BOOTS
 ___ 25. NO WORK AROUND MACHINE WITH MOVING PART
 ___ 26. NO WORK EXPOSURE TO LOUD NOISES

IV. DISCIPLINARY PROCESS (CHECK ONE)

- X A. NO RESTRICTIONS
 ___ B. CONSULT REP OF MENTAL HEALTH DEPT BEFORE TAKING DISCIPLINARY ACTION
 ___ C. CONSULT REP OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- X A. NO RESTRICTION ___ C. MENTAL HEALTH REPRESENTATIVE REQUIRED
 ___ B. MEDICAL REPRESENTATIVE REQUIRED

VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- X A. NO RESTRICTION ___ C. WHEELCHAIR VAN ___ E. VAN
 ___ B. EMS AMBULANCE ___ D. MULTI-PATIENT VEHICLE (MPV)

UTMBFTP

UTMBFTP

10/18/2017

PRINTED NAME AND TITLE OF REVIEWER

DATE

SIGNATURE OF REVIEWER

Lozano - 000057

04:56:13
01/23/2018

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P U L H E S
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|2|1|1|1|1|2|
|8|A|A|A|A|8|
|P| | | | |T|

```

C. SUITABLE FOR TRUSTEE CAMP? X YES NO

SIGNATURE OF REVIEWER

Lozano - 000058

SV00002 /11A4/HS16

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SUMMARY FOR CLASSIFICATION

10:27:28

02/22/2018

NAME: LOZANO, ERIC D

TDCJ#: 01915276 SID#: 05109992

UNIT: R2

HOUSING:

JOB:

DOB: [REDACTED]

P U L H E S

WGT: 201 LBS

HGT: 5'11"

12|1|1|1|1|2|

|B|A|A|A|A|B|

|P| | | | |T|

Field Squad Temp

I. FACILITY ASSIGNMENT (CHECK ONE)

- X A. NO RESTRICTION
B. SINGLE LEVEL FACILITY
C. SUITABLE FOR TRUSTEE CAMP? X YES ___ NO

II. HOUSING ASSIGNMENT

A. BASIC HOUSING (CHECK ONE)

- X 1. NO RESTRICTION
___ 2. SINGLE CELL ONLY
___ 3. SPECIAL HOUSING (HOUSING WITH
LIKE MEDICAL CONDITION
___ 4. CRIL BLOCK ONLY

C. ROW ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION
___ 2. GROUND FLOOR ONLY

B. BUNK ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION
___ 2. LOWER ONLY

000 5. M EXT HRS

___ 6. EXTENDED HOURS INSULIN

D. WHEELCHAIR USE (CHECK ONE)

- ___ 1. NO RESTRICTION ___ 4. PERM MED
___ 2. ADS ORDERED ___ 5. TEMP MED
___ 3. UTILITY USE

III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ___ 1. MEDICALLY UNASSIGNED ___ 15. NO FOOD SERVICE
___ 2. PSYCHIATRICAL UNASGN ___ 16. NO REPETITIVE USE OF HANDS
___ 3. SEDENTARY WORK ONLY ___ 17. NO WALK WET/UNEVEN SURFACES
___ 4. FOUR HR WORK RESTRICTION ___ 18. DO NOT ASSIGN TO MEDICAL
___ 6. EXCUSE FROM SCHOOL ___ 19. NO WORK IN DIRECT SUNLIGHT
___ 7. LIMITED STANDING ___ 20. NO TEMPERATURE EXTREMES
___ 8. NO WALKING > ___ YARDS ___ 21. NO HUMIDITY EXTREMES
___ 9. NO LIFTING > ___ LBS. ___ 22. NO EXPOSURE TO ENVIRONMENT POLLUTANTS
___ 10. NO BENDING AT WAIST ___ 23. NO WORK WITH CHEMICALS OR IRRITANTS
___ 11. NO REPETITIVE SQUATTING ___ 24. NO WORK REQUIRING SAFETY BOOTS
___ 12. NO CLIMBING ___ 25. NO WORK AROUND MACHINE WITH MOVING PART
___ 13. LIMITED SITTING ___ 26. NO WORK EXPOSURE TO LOUD NOISES
___ 14. NO REACHING OVER SHOULDER

IV. DISCIPLINARY PROCESS (CHECK ONE)

- X A. NO RESTRICTIONS
___ B. CONSULT REP OF MENTAL HEALTH DEPT BEFORE TAKING DISCIPLINARY ACTION
___ C. CONSULT REP OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- X A. NO RESTRICTION ___ C. MENTAL HEALTH REPRESENTATIVE REQUIRED
___ B. MEDICAL REPRESENTATIVE REQUIRED

VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- X A. NO RESTRICTION ___ C. WHEELCHAIR VAN ___ E. VAN
___ B. EMS AMBULANCE ___ D. MULTI-PATIENT VEHICLE (MPV)

UTMBFTP

UTMBFTP

01/22/2018

PRINTED NAME AND TITLE OF REVIEWER

DATE

SIGNATURE OF REVIEWER

R. Demeyer, Major
*02-24-2018**P. Cooper**P. Cooper, SW*
2-28-18

SV00002 /11A4/HS16

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SUMMARY FOR CLASSIFICATION

10:40:25

07/11/2018

NAME: LOZANO, ERIC D

DOB: [REDACTED]

P U I H E S

TDCJ#: 01915276 SID#: 05109992

WGT: 206 LBS

UNIT: R2

HOUSING: A 6-005

HGT: 5'11"

12|1|1|1|1|2|

JOB: FIELD SQ 04

|B|A|A|A|A|B|

|P| | | | |T|

I. FACILITY ASSIGNMENT (CHECK ONE)

X A. NO RESTRICTION

B. SINGLE LEVEL FACILITY

C. SUITABLE FOR TRUSTER CAMP? X YES NO

II. HOUSING ASSIGNMENT

A. BASIC HOUSING (CHECK ONE)

X 1. NO RESTRICTION

2. SINGLE CELL ONLY

3. SPECIAL HOUSING (HOUSING WITH
LIKE MEDICAL CONDITION)

4. CELL BLOCK ONLY

C. ROW ASSIGNMENT (CHECK ONE)

X 1. NO RESTRICTION

2. GROUND FLOOR ONLY

B. BUNK ASSIGNMENT (CHECK ONE)

X 1. NO RESTRICTION

2. LOWER ONLY

000 5. M EXT HRS

6. EXTENDED HOURS INSULIN

D. WHEELCHAIR USE (CHECK ONE)

1. NO RESTRICTION

2. ADS ORDERED

3. UTILITY USE

4. PERM MED

5. TEMP MED

III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

1. MEDICALLY UNASSIGNED

2. PSYCHIATRICAL UNASGN

3. SEDENTARY WORK ONLY

4. FOUR HR WORK RESTRICTION

6. EXCUSE FROM SCHOOL

7. LIMITED STANDING

8. NO WALKING > YARDS

9. NO LIFTING > LBS.

10. NO BENDING AT WAIST

11. NO REPETITIVE SQUATTING

12. NO CLIMBING

13. LIMITED SITTING

14. NO REACHING OVER SHOULDER

15. NO FOOD SERVICE

16. NO REPETITIVE USE OF HANDS

17. NO WALK WET/UNEVEN SURFACES

18. DO NOT ASSIGN TO MEDICAL

000 19. NO WORK IN DIRECT SUNLIGHT

000 20. NO TEMPERATURE EXTREMES

21. NO HUMIDITY EXTREMES

22. NO EXPOSURE TO ENVIRONMENT POLLUTANTS

23. NO WORK WITH CHEMICALS OR IRRITANTS

24. NO WORK REQUIRING SAFETY BOOTS

25. NO WORK AROUND MACHINE WITH MOVING PART

26. NO WORK EXPOSURE TO LOUD NOISES

IV. DISCIPLINARY PROCESS (CHECK ONE)

X A. NO RESTRICTIONS

B. CONSULT REP OF MENTAL HEALTH DEPT BEFORE TAKING DISCIPLINARY ACTION

C. CONSULT REP OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

X A. NO RESTRICTION

C. MENTAL HEALTH REPRESENTATIVE REQUIRED

B. MEDICAL REPRESENTATIVE REQUIRED

VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

X A. NO RESTRICTION

C. WHEELCHAIR VAN

E. VAN

B. EMS AMBULANCE

D. MULTI-PATIENT VEHICLE (MPV)

UTMBFTP

UTMBFTP

07/10/2018

PRINTED NAME AND TITLE OF REVIEWER

DATE

SIGNATURE OF REVIEWER

REVIEWED DATE

HOUSE

JOB

VANNESSA SEFCIK, AAI

Lozano - 000060

SV00002 /11A4/HS16

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SUMMARY FOR CLASSIFICATION09:45:10
09/28/2018NAME: LOZANO, ERIC D
TDCJ#: 01915276 SID#: 05109992
UNIT: R2 HOUSING: A 6-005
JOB: KITCHEN HELPER 3RDDOB: [REDACTED] P U L H E S
WGT: 213 LBS
HGT: 5'11" [2|1|1|1|1|2|
[B|A|A|A|A|B|
[P| | | | T|

I. FACILITY ASSIGNMENT (CHECK ONE)

- X A. NO RESTRICTION
 B. SINGLE LEVEL FACILITY
 C. SUITABLE FOR TRUSTEE CAMP? X YES ___ NO HEAT SENSITIVE: N
 HEAT SCORE: _____

II. HOUSING ASSIGNMENT

A. BASIC HOUSING (CHECK ONE)

- X 1. NO RESTRICTION
 ___ 2. SINGLE CELL ONLY
 ___ 3. SPECIAL HOUSING (HOUSING WITH
 LIKE MEDICAL CONDITION
 ___ 4. CELL BLOCK ONLY

B. BUNK ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION
 ___ 2. LOWER ONLY

000 5. M EXT HRS

___ 6. EXTENDED HOURS INSULIN

D. WHEELCHAIR USE (CHECK ONE)

- ___ 1. NO RESTRICTION ___ 4. PERM MED
 ___ 2. ADS ORDERED ___ 5. TEMP MED
 ___ 3. UTILITY USE

C. ROW ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION
 ___ 2. GROUND FLOOR ONLY

III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- 013 1. MEDICALLY UNASSIGNED ___ 15. NO FOOD SERVICE
 ___ 2. PSYCHIATRICAL UNASSGN ___ 16. NO REPETITIVE USE OF HANDS
 ___ 3. SEDENTARY WORK ONLY ___ 17. NO WALK WET/UNEVEN SURFACES
 ___ 4. FOUR HR WORK RESTRICTION ___ 18. DO NOT ASSIGN TO MEDICAL
 ___ 6. EXCUSE FROM SCHOOL 000 19. NO WORK IN DIRECT SUNLIGHT
 ___ 7. LIMITED STANDING 000 20. NO TEMPERATURE EXTREMES
 ___ 8. NO WALKING > ___ YARDS ___ 21. NO HUMIDITY EXTREMES
 ___ 9. NO LIFTING > ___ LBS. ___ 22. NO EXPOSURE TO ENVIRONMENT POLLUTANTS
 ___ 10. NO BENDING AT WAIST ___ 23. NO WORK WITH CHEMICALS OR IRRITANTS
 ___ 11. NO REPETITIVE SQUATTING ___ 24. NO WORK REQUIRING SAFETY BOOTS
 ___ 12. NO CLIMBING ___ 25. NO WORK AROUND MACHINE WITH MOVING PART
 ___ 13. LIMITED SITTING ___ 26. NO WORK EXPOSURE TO LOUD NOISES
 ___ 14. NO REACHING OVER SHOULDER

IV. DISCIPLINARY PROCESS (CHECK ONE)

- X A. NO RESTRICTIONS
 ___ B. CONSULT REP OF MENTAL HEALTH DEPT BEFORE TAKING DISCIPLINARY ACTION
 ___ C. CONSULT REP OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- X A. NO RESTRICTION ___ C. MENTAL HEALTH REPRESENTATIVE REQUIRED
 ___ B. MEDICAL REPRESENTATIVE REQUIRED

VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- X A. NO RESTRICTION ___ G. WHEELCHAIR VAN ___ E. VAN
 ___ B. EMS AMBULANCE ___ D. MULTI-PATIENT VEHICLE (MPV)

UTMBFTP UTMBFTP 09/27/2018
PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER

REVIEWED DATE 9.28.18.

HOUSE OK by Rob Chang w/ Medical.
VANESSA SEFCIK, AAI

Lozano - 000061

SV00002 /1TA4/HS16

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SUMMARY FOR CLASSIFICATION09:47:29
10/11/2018NAME: LOZANO, ERIC D
TDCJ#: 01915276 SID#: 05109992
UNIT: R2 HOUSING: A 6-005
JOB: UNASGN MEDICALDOB: [REDACTED]
WGT: 209 LBS
HGT: 5'11"P U L H E S

2	1	1	1	1	2
B	A	A	A	A	B
P					T

I. FACILITY ASSIGNMENT (CHECK ONE)

- X A. NO RESTRICTION
 B. SINGLE LEVEL FACILITY
 C. SUITABLE FOR TRUSTEE CAMP? X YES ___ NO HEAT SENSITIVE: N
 HEAT SCORE: _____

II. HOUSING ASSIGNMENT

A. BASIC HOUSING (CHECK ONE)

- X 1. NO RESTRICTION
 ___ 2. SINGLE CELL ONLY
 ___ 3. SPECIAL HOUSING (HOUSING WITH
 LIKE MEDICAL CONDITION
 ___ 4. CELL BLOCK ONLY

B. BUNK ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION
 ___ 2. LOWER ONLY

000 5. M EXT HRS

___ 6. EXTENDED HOURS INSULIN

D. WHEELCHAIR USE (CHECK ONE)

- ___ 1. NO RESTRICTION ___ 4. PERM MED
 ___ 2. ADS ORDERED ___ 5. TEMP MED
 ___ 3. UTILITY USE

C. ROW ASSIGNMENT (CHECK ONE)

- X 1. NO RESTRICTION
 ___ 2. GROUND FLOOR ONLY

III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ___ 1. MEDICALLY UNASSIGNED ___ 15. NO FOOD SERVICE
 ___ 2. PSYCHIATRICALY UNASGN ___ 16. NO REPETITIVE USE OF HANDS
 ___ 3. SEDENTARY WORK ONLY ___ 17. NO WALK WET/UNEVEN SURFACES
 ___ 4. FOUR HR WORK RESTRICTION ___ 18. DO NOT ASSIGN TO MEDICAL
 ___ 6. EXCUSE FROM SCHOOL 000 19. NO WORK IN DIRECT SUNLIGHT
 ___ 7. LIMITED STANDING 000 20. NO TEMPERATURE EXTREMES
 ___ 8. NO WALKING > ___ YARDS ___ 21. NO HUMIDITY EXTREMES
 ___ 9. NO LIFTING > ___ LBS. ___ 22. NO EXPOSURE TO ENVIRONMENT POLLUTANTS
 ___ 10. NO BENDING AT WAIST ___ 23. NO WORK WITH CHEMICALS OR IRRITANTS
 ___ 11. NO REPETITIVE SQUATTING ___ 24. NO WORK REQUIRING SAFETY BOOTS
 ___ 12. NO CLIMBING ___ 25. NO WORK AROUND MACHINE WITH MOVING PART
 ___ 13. LIMITED SITTING ___ 26. NO WORK EXPOSURE TO LOUD NOISES
 ___ 14. NO REACHING OVER SHOULDER

IV. DISCIPLINARY PROCESS (CHECK ONE)

- X A. NO RESTRICTIONS
 ___ B. CONSULT REP OF MENTAL HEALTH DEPT BEFORE TAKING DISCIPLINARY ACTION
 ___ C. CONSULT REP OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- X A. NO RESTRICTION ___ C. MENTAL HEALTH REPRESENTATIVE REQUIRED
 ___ B. MEDICAL REPRESENTATIVE REQUIRED

VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- X A. NO RESTRICTION ___ C. WHEELCHAIR VAN ___ E. VAN
 ___ B. EMS AMBULANCE ___ D. MULTI-PATIENT VEHICLE (MPV)

UTMBFTP UTMBFTP 10/11/2018
PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER

REVIEWED DATE 10-11-18
 HOUSE [Signature]
 VANNESSA SEFCIK, AAI

SD00003 /2093/HS16

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SUMMARY FOR CLASSIFICATION

10:02:17

02/05/2019

Annual Review

NAME: LOZANO, ERIC D

DOB: [REDACTED]

P U L H E S

TDCJ#: 01915276 SID#: 05109992

WGT: 211 LBS

UNIT: R2

HOUSING: A 6-005B

HGT: 5'11"

JOB: JANITOR A6 3RD

|2|1|1|1|1|2|

|B|A|A|A|A|B|

|P| | | | |T|

I. FACILITY ASSIGNMENT (CHECK ONE)

☒ A. NO RESTRICTION☐ B. SINGLE LEVEL FACILITY☐ C. SUITABLE FOR TRUSTEE CAMP? ☒ YES ☐ NO HEAT SENSITIVE: N

HEAT SCORE: _____

II. HOUSING ASSIGNMENT

A. BASIC HOUSING (CHECK ONE)

☒ 1. NO RESTRICTION☐ 2. SINGLE CELL ONLY☐ 3. SPECIAL HOUSING (HOUSING WITH
LIKE MEDICAL CONDITION☐ 4. CELL BLOCK ONLY

C. ROW ASSIGNMENT (CHECK ONE)

☒ 1. NO RESTRICTION☐ 2. GROUND FLOOR ONLY

B. BUNK ASSIGNMENT (CHECK ONE)

☒ 1. NO RESTRICTION☐ 2. LOWER ONLY

000 5. M EXT HRS

☐ 6. EXTENDED HOURS INSULIN☐ D. WHEELCHAIR USE (CHECK ONE)☐ 1. NO RESTRICTION☐ 2. ADS ORDERED☐ 3. UTILITY USE☐ 4. PERM MED☐ 5. TEMP MED

III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

☐ 1. MEDICALLY UNASSIGNED☐ 2. PSYCHIATRICALY UNASGN☐ 3. SEDENTARY WORK ONLY☐ 4. FOUR HR WORK RESTRICTION☐ 6. EXCUSE FROM SCHOOL☐ 7. LIMITED STANDING☐ 8. NO WALKING > _____ YARDS☐ 9. NO LIFTING > _____ LBS.☐ 10. NO BENDING AT WAIST☐ 11. NO REPETITIVE SQUATTING☐ 12. NO CLIMBING☐ 13. LIMITED SITTING☐ 14. NO REACHING OVER SHOULDER☐ 15. NO FOOD SERVICE☐ 16. NO REPETITIVE USE OF HANDS☐ 17. NO WALK WET/UNEVEN SURFACES☐ 18. DO NOT ASSIGN TO MEDICAL

000 19. NO WORK IN DIRECT SUNLIGHT

000 20. NO TEMPERATURE EXTREMES

☐ 21. NO HUMIDITY EXTREMES☐ 22. NO EXPOSURE TO ENVIRONMENT POLLUTANTS☐ 23. NO WORK WITH CHEMICALS OR IRRITANTS☐ 24. NO WORK REQUIRING SAFETY BOOTS☐ 25. NO WORK AROUND MACHINE WITH MOVING PART☐ 26. NO WORK EXPOSURE TO LOUD NOISES

IV. DISCIPLINARY PROCESS (CHECK ONE)

☒ A. NO RESTRICTIONS☐ B. CONSULT REP OF MENTAL HEALTH DEPT BEFORE TAKING DISCIPLINARY ACTION☐ C. CONSULT REP OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

☒ A. NO RESTRICTION☐ C. MENTAL HEALTH REPRESENTATIVE REQUIRED☐ B. MEDICAL REPRESENTATIVE REQUIRED

VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

☒ A. NO RESTRICTION☐ C. WHEELCHAIR VAN☐ E. VAN☐ B. EMS AMBULANCE☐ D. MULTI-PATIENT VEHICLE (MEV)

UTMBFTP

UTMBFTP

10/11/2018

PRINTED NAME AND TITLE OF REVIEWER

DATE

SIGNATURE OF REVIEWER

REVIEWED DATE

HOUSE

DIANE SIFUENTES, CHIEF

Lozano - 000063